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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | | Patent Number | | | 6.719.449-Conf. #8156 | | | |
| | | Insue Date | | | April 13, 2004 | | | |
| | | First Named Inventor | | | James A, Laugharn, Jr. | | | |
| | | | | | IS AND METHOD FOR ING SONIC TREATMENT | | | |
| | | Art Unit | | ALVOPE | 1723 | | | |
| | | Examiner Name | | - | T. G. Sophoo | | | |
| | | | Attorney Docket No. | | C1279.70003US05 | | | |
| | | | | | | 0000000 | | |
| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
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| I am the: Applicant/Inventor. OR Assignse of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTUSSB68) submitted herewith or filled on Silvantine of Record of Silvantine of Silvantine of Record of Silvantine of Silvantine of Silvantine of Record of Silvantine | | | | | | | | |
| Signature 2 | 7 | | | Date | _ a | 110 100 | • | |
| | | | | Telephone | | 781-932-395 | | |
| Title and Company President Covaris, Inc. | | | | · Grophich | - | , D , OOE-000. | _ | |
| NOTE: Signatures of all the inventor's readingues of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
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